|  |  |
| --- | --- |
| Program Name: | Program Director: |
| Accreditation Type (e.g. - ACGME): | Current Accreditation Status: |
| Length of Program in Years: | Total Number of Trainees: |

**Participating Site Information** (required for a rotation definition and for an assignment definition)

|  |  |
| --- | --- |
| Name of site:  **Note: In this section, only one site per rotation** |  |
| Physical address of the site: | |
| Type of facility: | 🞎 Hospital 🞎 Private Practice  🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Site Director responsible for trainee educational experience at the site |  |
| Is there a current PLA for this site? Additional information in [*Section 3*](#Sec3). 🞎 Yes 🞎 No | |
| What is the duration of education at this site (e.g. – .5 month each in PGY 2 & PGY 6)? | \_\_\_ month(s) |
| Will **all** trainees in the program rotate through this site? | 🞎 Yes 🞎 No |
| Is this a new site for your program? 🞎 Yes, adding a new site. 🞎 No, not a new site, but modifying rotations/assignments tied to it. 🞎 No, not a new site, but deleting this site. | |
| **Note: If this is a site deletion, specify in the Comments the rotations and assignments that will be removed, along with the end date for going to that site.** | |

Section 1

\*A new rotation could require a new assignment setup as well. In these cases, please fill in both Rotation & Assignment Definition sections, as needed.

|  |  |  |
| --- | --- | --- |
| This is a new Rotation | OR\* | This is a new Assignment |
| A rotation is used in the NI Block Schedule. A rotation is a longer chunk of time (e.g. – 2 weeks, one month, 4 months, etc.). Rotations make up the trainee’s schedule for the year.  Complete the **Rotation Definition Information** section below. |  | An assignment is used in the NI Assignment Schedule. An assignment is a shorter chunk of time (e.g. – ½ day, one day, etc.) that notes name, time, and location. Assignments are the daily components used to build the NI Assignment Schedule.  Complete the **Assignment Definition Information** section below. |
| **Note: Follow current naming conventions** **and abbreviations** **for** **names**, **specifically** **include** **Rotation Type and location** (e.g. – for rotations, PLASTIC:PLAS: ENT-BPVA; for assignments, CMS am Clinic). | | |

**Rotation Definition Information** (skip for a site deletion)

|  |  |
| --- | --- |
| Is this rotation replacing an existing rotation? If Yes, what rotation? | 🞎 Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 No |
| Proposed Name of New Rotation |  |
| Proposed Start Date of New Rotation **Note: Start Date must be at least 3 months out** |  |
| Proposed Funding Source **Note: GME will obtain signature for approval** |  |
| Nature of Rotation: | 🞎 Patient Care 🞎 Didactics 🞎 Research |
| Explain % of didactics and/or research time; write N/A for 100% patient care  **Note: Is the didactic/research time accounted for by a pre-existing assignment? If so, please identify it.** | \_\_\_\_ % or 🞎 n/a  🞎 Yes, name of Pre-existing assignment:  🞎 No |

**Assignment Definition Information** (skip for a site deletion)

|  |  |
| --- | --- |
| Is this assignment replacing an existing assignment? If Yes, what assignment? | 🞎 Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 No |
| Is (Are) there any other participating site(s) that should be included with this new request? If yes, are additional assignments necessary to reflect the other participating sites? | 🞎 Yes, site name(s) & address(es):  🞎 No |
| Proposed Name of New Assignment(s)  **Note: If there are multiple participating sites, list multiple assignment names** |  |
| Optional - Indicate a preferred color for the Assignment Schedule view. |  |
| Specify the duration of this assignment (e.g. – 8:00am-12:00pm; 1:30-6:30pm; 6:00am-6:00pm)  **Note: If the assignment needs to be split between AM & PM, please note that here** |  |
| Proposed Start Date of New Assignment **Note: Start Date must be at least 3 months out** |  |
| Proposed Funding Source **Note: Which affiliate will fund this activity? GME will obtain signature for approval** |  |
| Nature of Assignment: | 🞎 Patient Care 🞎 Didactics 🞎 Research |
| Explain % of didactics and/or research time; write N/A for 100% patient care  **Note: Is the didactic/research time accounted for by a pre-existing assignment? If so, please identify it.** | \_\_\_\_ % or 🞎 n/a  🞎 Yes, name of Pre-existing assignment:  🞎 No |

Section 2 – General Information

|  |  |
| --- | --- |
| Provide a rationale for this new site or rotation or a site deletion. The rationale must be educational in nature and not based on service demands. E.g., how would the new rotation enhance the learning environment, improve the experience on certain rotations, complement existing programs, and further enhance the mission of the institution/university, this tie to ACGME specialty requirements? **Note: This question is N/A if only an assignment request. It is required for new rotations or a new site request.** | |
|  | |
| What impact, if any, would there be if this new site/rotation was not approved? | |
|  | |
|  | |
| Are the faculty at the proposed site Board Certified in the required area? | 🞎 Yes 🞎 No |
| Does your RRC need to approve new rotations and/or sites?  **Note: The following sites require RRC approval:** Orthopaedic Surgery, Neurology, Neurosurgery, Otolaryngology, Plastic Surgery, Radiation Oncology, Colon-Rectal, Surgery, Surgical Critical Care, Surgical Oncology, Urology | 🞎 Yes 🞎 No  🞎 N/A |

|  |
| --- |
| **Comments**  Any additional relevant information not captured above?  **Note: If completing this form for a site deletion request, please specify in the Comments the rotations and assignments that will be removed, along with the end date for going to that site in the box below.** |
|  |

Section 3 – Required Attachments & Signature

List of Required Attachments to send include the following. If this request is for a new site and assignment, all the new site documents are required as well:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | New Rotation | New Site | New Assignment | Deletion of Site |
| 1. [PLA using GME Template](https://health.usf.edu/medicine/gme/forms-templates)  (PLAs are required for all sites. For new PLAs, GME signatures will be added after reviewing this request) | *Not needed, if program already has current PLA at that site* | X | *Not needed, if program already has current PLA at that site* |  |
| 1. Draft of [Block Schedule Diagram](https://usf.box.com/s/0ekr2gcqfzd1bcdzbbfmfuclpdiljn84) (Include new rotation/site) | X | X |  | *Remove site/ rotation that’s going away* |
| 1. [Competency Based, Progressive Rotation Goals and Objectives](https://usf.box.com/s/nwmt4wbaj5o7984ww14o8d4jxmgez2qb) (Specific to the new rotation/site) | X | X |  |  |
| 1. [Scope of Practice](https://health.usf.edu/-/media/Files/Medicine/GME/forms-templates/scope-of-practice-template.ashx?la=en&hash=6E06DB75949E16BB1E0CF23A3693233895F80BA0) | *Not needed, if* [*scope of practice on website*](https://health.usf.edu/medicine/gme/scope-practice) *is current* | *Not needed, if* [*scope of practice on website*](https://health.usf.edu/medicine/gme/scope-practice) *is current* |  |  |
| 1. [Rotation Schedule](https://usf.box.com/s/7128p7ved57bk3ep74m3cx41ilaibxsf) (Provide typical weekly schedule of trainee activities) | X | X |  |  |

1. Other information may be needed depending on specialty requirements

|  |  |  |
| --- | --- | --- |
| **Program Director’s Name** | **Signature** | **Date** |
|  |  |  |
| *If an unaccredited fellowship, the initial of the core residency PD is also required for a new site  or rotations.* | | *Initials: \_\_\_\_\_\_\_* |

Section 4 – Timeline & Submissions

Processing time is an average of 6-8 weeks; time is longer if GMEC approval required and/or the rotation occurs at a new site (~3-6 months). Below is a summary of the approvals needed before final approval is given for each of the different program requests.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | New Rotation | New Site | New Assignment | Deletion of Site |
| Funding Approval | X | X | X | N/A |
| ACGME/GMEC Approval | *N/A, if at pre-existing site* | X | *N/A, if at pre-existing site* | X |
| Agreements Review | *N/A, if at pre-existing site* | X | N/A | X |
| SIP/Legal Review | *N/A, if at pre-existing site* | X | N/A | N/A |
| New Innovations Setup | X | X | X | X |
| Timeline (min amount of time required) | 2 weeks | 3 months | 2 weeks | 2 months |

**TO BE COMPLETED BY GME OFFICE *(Please initial as completed)***

This is a  deletion or  new of  Rotation,  Site\*,  Assignment.

Billing/Funding

**Note:** Not applicable if this is a deletion of rotation/assignment/site.

\_\_\_\_ Select whether DGME, IME (or both) are claimable for this rotation.

DGME  IME

\_\_\_\_ Any other provider funding this program’s residents at this training location?

Yes  No Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Documentation to support funding decision and what they are agreeing to fund

\_\_\_\_ Obtained affiliate funding approval *(must happen before GMEC approval)*

Yes  No

Accreditation

\_\_\_\_ Initial required for this site? *(only applies to non-accredited programs)*  Yes  No

\_\_\_\_ GMEC Approval needed? *(must have funding approval before going to GMEC)*

Yes, Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No, added as consensus item *(applies only to sites)*

\_\_\_\_ Is RRC approval needed?  Yes, Date approved: \_\_\_\_\_\_\_\_\_  No

\_\_\_\_ Does site need to be listed in WebADS?  Yes, Date Entered: \_\_\_\_\_\_\_\_\_  No

\_\_\_\_ For site deletion, does report show that site is removed from WebADS? (*Program submits after GMEC approval)*

Yes, Date Entered: \_\_\_\_\_\_\_\_\_  No

\_\_\_\_ Are the appropriate faculty listed in ADS for this rotation?  Yes  No *(applies only to sites added to ADS)*

Agreements

*\*If new site, affiliation agreement is required if there’s a financial component, or if requested by the site. Added clearance to work might be associated with new site, check on trainee credentialing.*

\_\_\_\_ Are Affiliation Agreements in place?  Yes, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  N/A

PLA

\_\_\_\_ There is a  Pre-existing PLA, or  New PLA; Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ For site deletion, PLA archived?  Yes  No

New Innovations

\_\_\_\_ Rotation, site, and assignment (if applicable) information added into NI; final rotation/assignment name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Date setup in NI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ For site deletion, any rotation(s)/assignment(s) archived?  Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No

\_\_Brad Clark\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GME Director Name GME Director Signature / Date

Approved: All steps completed and completed form returned to program

Victoria Wales

\_\_\_\_ Form is completed and all steps finalized. Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ CC to Program Director and Program Administrator.  
**Note: This form is now complete and all steps have been completed. Trainees can be sent to this rotation/ site as of: \_\_\_\_\_\_\_\_\_\_\_\_\_ (date).**

\_\_\_\_ CC to Box (by Program).